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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 721 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

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IMPORTANT: If Item 21 is marked or Item 18 shows any

Burial/Removal 4/5/1983 Moun WrehardorFuneral Home, Inc., La letcher Funeral Home, Keene

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Hyattsville, Maryland

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	FOR STATE REGISTRAR		ME	EDICAL E	STAT MENT OF H XAMINE	ER'S C	ERTIFIC	ENTAL	()	H 3	REG. NO	0	5	5	6
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be	retained by the haspital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	STATE REGISTRAR			FHEALTH AND MENTAL HY IFICATE OF DEATH	REG. NO		
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ATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE TER			
FICATION	cause (a), stating the underlying cause last.	CONDITIONS CONTRI	BUTING TO DEATH B		20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
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DHMH - 16 50M 4/82 (VRA 15, 4)

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Huntt Funeral Home, Waldorf, Maryland

APR 1 3 1983 La Carried

the state of the s The state of the s A Service Company of the Company of resultand charles during a St. 1, nx 44 20651 Joseph Dennis Inc. 1987 - Taxis and Signature of the Same of the S William Millertin Nelsz u-trans dt. Veryte Unn. Dryestren, bestign, in. Suntt tuneral dance, aldors, prepland

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I MONTH 1. DECEASED NAME 2b. HOUE amas 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR WARREST BIRTHDAYS 76 CITIZEN OF WHAT COUNTRY? BALTIMORE SITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DIVORCED [WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK OF MOST OF WORKING LIFE) OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRE INDUSTRY 134. INSIDE CITY LIMITS? 130. SIRE harle NO TO 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO DRUNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 71a PLACE OF INJURY THE LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (a apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death

226. SIGNATURE

DEGREE

ATTENDING PHYSICIAN

STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

THE PHYSICIAM'S NAME ITYPE OR PRINT

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Sacred Heart Cemetery

LamPlata, Charles, Md.

Burial 24. FUNERAL DIRECTOR

Funeral Home, Intess, La Plata, Md.

4/8/1983

23b. DATE

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

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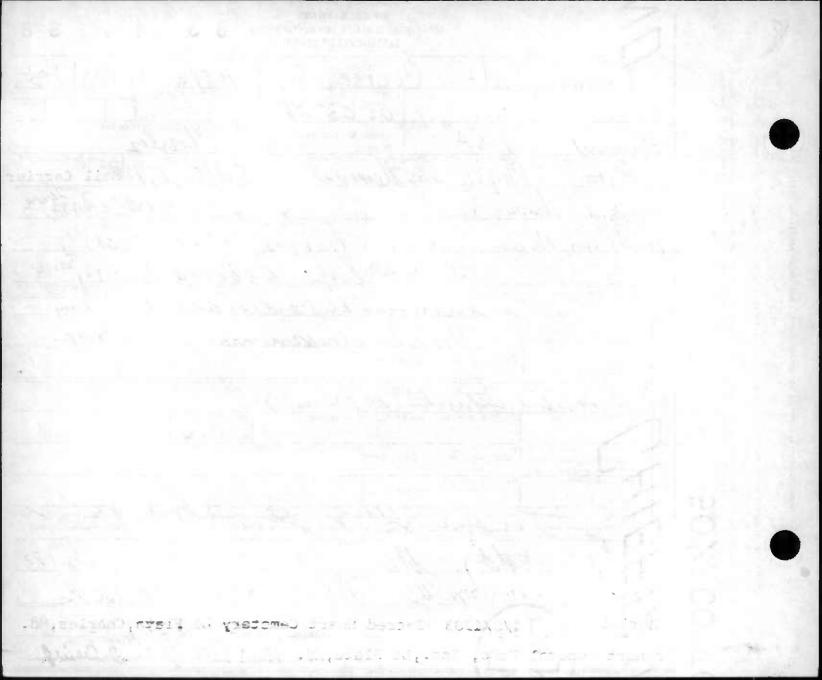
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be detached e State Dept.

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 5 5 9
		CEASED NAME ALTON	J.	GRAY	REG. NO.	16-63 26 HOUR
	3. SEX	MALE	4 RACE BLACK	5. DATE OF BIRTH MONTH 11 4 1924	6. AGE (IN YEARS LAST BRINDAY) 58 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
35	1	RTHPLACE (STATE OR FOREIGN ONNTRY)	76. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	MD.
0	1	TY OR TOWN OF DEATH LA PLATA, MD.	PHITS TO HEALN SIVE SME		120. USDALOCCUPATION LEYPE OF WORK FOR MOST OF WORKING Boiler Operato	() 1.10
3	13a. S	THER'S NAME			BOLHE 2 BOY 2	190 20640
80	1		MIDDLE GRA	4 AnniE	MIDDLE	BROWN
/	16a V		MED FORCES? 166 SOCIAL SEC- E WAR OR DATES) NotE 218-14-	BRITY NO. 17. INFORMANT 3766 TRENE 14. (GRAY PISG	
		Conditions, if any, which gove rise to immediate cause (0), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) CONSEQUENCE (c)	DEMOCE OF right	Legs hing	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	TIFICATION	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER.	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9	EDICAL CERTIFI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive an	tol) attended the deceased from, 19 1 11 view the body after death.	, and that in (my) (our) opinion	n death occurred on the date and h	19 75, that (I) (we) lost nour and from the causes stated 22c. DATE SIGNED
1		22d PHACIO	T. GARCIA M.	D. 270 ADDRESS LA PLAT	CA, MD.	
	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 4-20-83 5	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CON ORTOWN CON ORTOWN	CHAR. MI)

FUNELALHORE POMONKEY, NO

250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

APR

DHMH - 16 50M 4/82 (VRA 15, 4) 14 FUNERAL DIRECTOR
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BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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x			FOR STATE REGISTRAR		DEPARTMENT OF DICAL EXAMIN	TE OF MARYLAN HEALTH AND ME NER'S CERTIFIC	NTAL HYGIE	ATH O R	EG. NO.	0 5	6 0
			CEASED NAME FIRST E OR PRINT)		WIDDLE	LAST		20. DATE KNO	MN X MONI	TH DAY	YEAR 26. HOU
	28284		JOSEPI					DEATH MAT	ED 4	_	9 83
	PRECTOR FILE	3 SE	4 RACE	5. DATE OF BIRTH MONTH DAY Sept. 15	year 6. AGE (IN Y LAST BIRTH	DAY) MONTHS DAYS	IF UNDER 24 HRS	PRONOUNCED DEAD	MONT:		YEAR 24 HOL 7:26
	NERAL NOR YOU WITHIN		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED PARTIED PARTIES COL							EATH
	PAGE 5	-	TY OR TOWN OF DEATH	TT. NAME OF HOS	PITAL, NURSING HON	E, OR OTHER INSTITUT	ION The US	SUAL OCCUPATION MOST OF WORKING L	N (TYPE OF WOR	12b KIN	D OF BUSINESS INDUSTRY
1201	N N N N N N N N N N N N N N N N N N N	U.S.	L RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN	R OTHER INSTITUTION, GIV		ion)	TY LIMITS? TISE ST	REET ADDRESS	M111 H	2	0601
0	± 2484		THER'S NAME				R'S MAIDEN NAM	F			
E. N	E SE	7	Jalter	WIDDLE	Grubic	Son	hia	MIDDLE	Pask	i mui	ch
ALTIMORI AFTER DE, SIVE PAGE TH FORM AGES TA ASSION OF	16g. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE		166 SOCIAL SECURI	2175A Ste	ANFt. FE	rnswof rubic A	ths Apt	#2 iria.	-B Va.	
N ST. B.	HOURS NA 18, G NG WIT RME, DIV	>	PART I DEATH WAS CAUSED	BY.	for (o), (b), and (c).) Multiple in	niuries				APP BETWE	ROXIMATE INTERVAL EEN ONSET AND DEAT
RESTO	HIN 24 ER ALO ER ALO LA HYGIE EMOV		Canditions, if any, which	DUE TO, OR	AS A CONSEQUENCE						
201 W. F	EXAMIN EXAMIN EXAMIN BAL-TRA D. WENTA DN, OR I		gave rise to immediate couse (o) stating the <u>underlying cause last.</u>	DUE TO, OR	AS A CONSEQUENCE	OF		-			
CORDS	EDICAL S A BUS TTH ANI PEMATI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1 (a)				
ITAL RE	SHOULD WORD WEEL OHIEF AN ATOF HEA	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS PERFORM	MED?				JTOPSY?
NOFV	S THE WO TO THE C HOULD BE ARTMENT YOR TO BU	AL CERT	210 EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING CAUSE OF D	21b. TIME OF							
ISIO	SH SH SH	H	214 INTURY OCCUPPED	21e PLACE C	OF INJURY (AT HOME.	211 LOCATION	n_auto/a				
PIO	WRITE DE STATE DE STA	3	WHILE AT WORK	STREET, FACT	road	Rt 228	& Rt. 86	7A. Ber		Charl	es Md.
	CATE Y FORWARD PARTY AND STAND	V	22a. I certify that I taak charg		cribed abave, held an	Autapsy X	Inspection .	Inquiry .	and in my		es Ma
•	EXAMI CERTIFIC DIRECTOR BE WATH	9	h	al couses L	Accident X, S	vicide 🔲 , Hamici TITLE (SP	PECIFY)	termined monner			
•	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	1	SIGNATUR W	JOXE	~	M.D. Ass	istant ME	DICAL EXAMINER	DA1 SIG	NED 4-	-7-83
	TO MEDICAL EXAMI EXECUTE THE CERTIF PACE A SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARTIN	K		M. Dixon			11 Penn		to., Mo	1. 212	201
		23a.B	PECIFY) Burial	4-9-83		METERY OR CREMATO	CIT	OCATION YOR TOWN	Char	YINUO	Md.
	BP	24 F	JNERAL DIRECTOR		200 00	2	50. DATE REC'D	REGISTRAR 25	REGISTRAR'	S SIGNATU	
	(VR A15 ME (5)) 20M 4/82	H	ntt Funeral	Home, WE	aldorf, M	eryland	APR 1	1983	Jan	2 00	int

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n by the funeral director, page 3 filed within 72 hours after death

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CO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician whenial he detached for use as the burial-transit permit. Then please remaye carban pape in the State Dept. of Health and Menfal Hygiene prior to burial, cremation, or removal

by the hospital or attending physicia

njury, or other troumotic

WHOSTANT, If them 21 is marked or them 18 shows any

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230. BURIAL, CREMATION, REMOVAL BUTHLA1

RATH.

236. DATE

M.D.

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYGIENE

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1-	STATE REGISTRAR			DEFARIA		ICATE OF DEATH	REG. N	40.	U	0 1
	CEASED NAME	FIRST IMON		M.N.)	- 93	PER	20. DATE OF DEATH		OAY YEAR	26. HOUR
3. SE			I. RACE	10110/	I S. DATE C	, m - 2 - C	APRIL	19,19	FUNDER I YEAR	7 • 5 5 PM
	IALE		White			12", 1895	87	YRS	AONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FO	DREIGN 7	U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	DEVER MARRIED DEVER MARRIED DEVER	9. BALTIMORE CITY OF	_	OF DEATH	MD.
LA	TY OR TOWN OF DEAT		PHYSI	H FACILITY, GIVE STREET	ADDRESS]	ROTHER INSTITUTION AL HOSPITAL	126 USUAL OCCUPAT		126 KIND C	ing
	AL RESIDENCE (IF NURSI	Dade 13P CONFI	ſΥ	13. CITY OR TOW Miami		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	ith We	st 96	th. st.
14. FA	THER'S NAME Harold	м	Hal	per LAST		15. MOTHER'S MAIDEN NA/ Mir'iam	WE	Bronf	en 'A	ST
16a V	VAS DECEASED EVER I		VED FORCES?	166. SOCIAL SECU 135-36-		Marion Hon	ADDR ish-Daugh		ryans	Road, Me
z	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, OF		COON ENCE OF NEXTY	Heart Dise		NDITION GIVI	EN IN PART 1	(a)
CERTIFICATION	190 DATE OF OPERAT	- 1983	3 Go	angelmo		1000000	200 AUTOPSY?	IN CERTIFY	h-mil	
MEDICAL CE	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURR) WHILE D. NOT WHILE AT WORK	AUSE OF DEAT AL EXAMINER) ED	21e. PLACE	M. MONTH DA	19	216. HOW INJURY OCCURE 216. LOCATION STREET	CITY OR T		COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (di 226. SIGNATURE	this hospited	view the body	[- 8]19_		d that in (my) (euc.) opinion of	depth occurred on the co	AFF		
1	22d. PHYSICIAN'S NA	ME ITYPE OR	PRINT)			22e. ADDRESS			1	1

DHMH - 16 50M 4/82 (VRA 15, 4)

23¢ NAME OF CEMETERY OR CREMATORY

20601

WALDORF, MARYLAND 20
REMATORY 234 LOCATION
Cemetery, Deans, Monmouth STATE

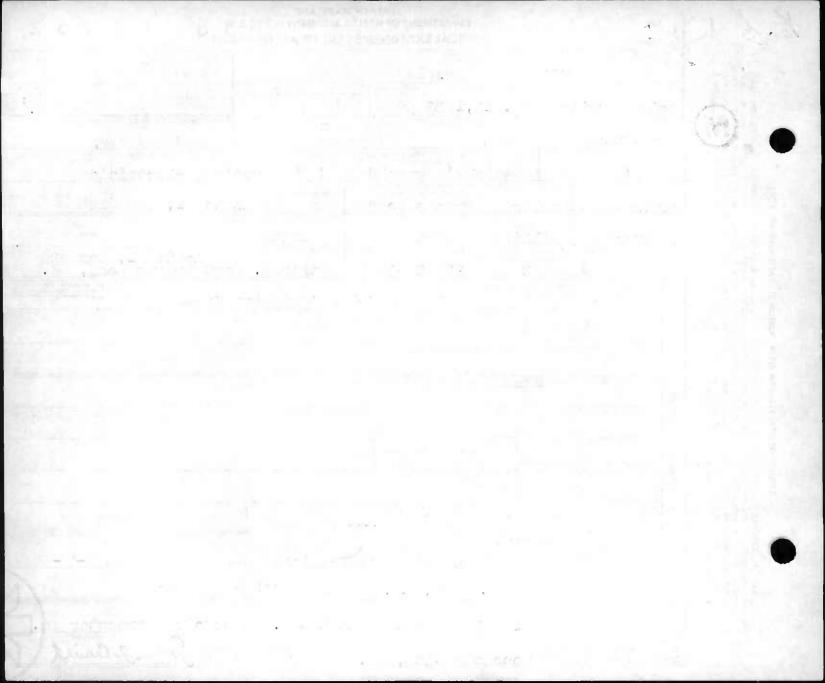
Burrial 4/22/83 Floral Park Cemetery, Deans, I American Revision of the Plata, Md. 25, DATE RECO. BY REGISTRARY Orlands Ewing Memorial Chapel, Trenton, IAPR 26 1983

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	Edical Examiner; This Certificate Should Be executed Within 24 hours after Death. If any dei	ITE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TC	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3_RETAIN	INERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE	DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH RECORDS
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1			au.	July 2	6,1963 19 YRS.	DATE HOURS	MIN. PRONOUNCED DEAD	4 27 19 83
1	To. BII	RTHPLACE (STATE	OR			RRIED NEVER MARR	P. BALTIMORE CITY OR C	COUNTY OF DEATH
1		sh. D.C		U.S.A		OWED DIVORC	Cildi Cos oodi	
1	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSING HOME, OR (CH FACILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF VER MOST OF WORKING LIFE)	_ OR INDUSTI
9		Nan jemoy		Rt. 🛭	Box 66C (Resid	lence)	Clerk	Restau
2	13a. S1	ATE	18h/COU	NTY	N, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	Rt.#1 Box 66	- 20/6
2		ryland	- Uh	arles	Nanjemoy			6 0000
1	14. FA	THER'S NAME		MIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
14	16a W	Ramon AS DECEASED E	VER IN LLS AL	G.	Hathaway 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	cott
/	(YE	S, NO, OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	216-92-9322		. Hathaway sam	e as 13
/		NO 10 CAUSE OF D	EATH (Eas-			· · · · · · · · · · · · · · · · · · ·	orraway admi	APPROXIMATE
		PART I DEAT	H WAS CAUS	ED BY:	line for (a), (b), and (c).) Doxepin Intoxio	cation		BETWEEN ONSE
		950	MMEDI	ATE CAUSE (a)	OR AS A CONSEQUENCE OF			
		Canditions,	if any, which		, OK AS A CONSEQUENCE OF			
	-	gave rise	ta immediat	e / (b)_	OR AS A CONSEQUENCE OF			
		lying cause		DOE TO,	OR AS A CONSEQUENCE OF			
			70.	(c)_				
		PART 2 OTHER SIGNAL	ICANT CONDITION	S CONTRIBUTING TO DE	ATH BUT NOT BELATED TO THE TERMINAL OF	EASE OR COMOTTON CIVEN IN BA	BY 1 -	
	Z	PART 2 OTHER SIGNA	ICANT CONDITION	S CONTRIBUTING TO O	EATH BUT NOT RELATED TO THE TERMINAL OF	EASE OR CONDITION GIVEN IN PA	RT 1 sa	
+	ATION	PART 2 OTHER SIGNII			EATH BUT NOT RELATED TO THE TERMINAL OF		RT 1 a	20 AUTOPSY?
7	IFICATION				CNC		RT 1 ·a	70 AUTOPSY?
TA	ERTIFICATION		PERATION	19b. COI	NDITION FOR WHICH OPERATION	WAS PERFORMED?	RT 0	YES 💢
13	AL CERTIFICATION	19a. DATE OF OF 21a. EXTERNAL C	PERATION AUSE WAS	19b. COI	NDITION FOR WHICH OPERATION	WAS PERFORMED?		YES 💢
13	EDICAL CERTIFICATION	19a. DATE OF OR 21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC	AUSE WAS OR CAUSE OF	211A HOUR HOUR DEATH 5 15	NDITION FOR WHICH OPERATION TO SHIJURY A.M. MONTH DAY YEAR 121. THE PROPERTY OF THE PROPER	HOW INJURY OCCURRE Ingested	D LENTER MATURE OF INJURY IN ITEM 18 PART	YES X
13	MEDICAL CERTIFICATION	19a. DATE OF OF 21a. EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS OR CAUSE OF	19b. COI	NDITION FOR WHICH OPERATION A.M. MONTH DAY YEAR A.M. H. Z.7 19 8.3 CE OF INJURY (ATHOME, 211.	HOW INJURY OCCURRE Ingested LOCATION STREET	D LENTER NATURE OF INJURY IN ITEM 18 PART	YES X
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13	MEDICAL CERTIFICATION	19a. DATE OF OF 21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 22a. I certify t	AUSE WAS OR CAUSE OF CAUSE OF CURRED TOT WHILE T WORK	211 TOWN HOUR STREET.	NDITION FOR WHICH OPERATION A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR A.M. TORNING (AT HOME, PACTOR), FARM, ETC.) OTHER COMMENTAL COM	HOW INJURY OCCURRE Ingested LOCATION STREET 1 Box 66C	D LENTER NATURE OF INJURY IN ITEM 18 PART CITY OR TOWN Nanjemoy, Charle In	YES (X)
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	MEDICAL CERTIFICATION	19a. DATE OF OF 21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 22a. I certify t	AUSE WAS OR CAUSE OF CAUSE OF CURRED TOT WHILE T WORK	211 TOWN HOUR STREET.	NDITION FOR WHICH OPERATION A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR A.M. TORNING (AT HOME, PACTOR), FARM, ETC.) OTHER COMMENTAL COM	HOW INJURY OCCURRE Ingested LOCATION STREET LOCATION S	D LENTER NATURE OF INJURY IN ITEM 18 PART CITY OR TOWN Nanjemoy, Charle In, Inquiry, and in Undetermined manner, MEDICAL EXAMINER	YES Q COUNTY COUNTY Thy apinian DATE SIGNED 4-27-8
13	MEDICAL CERTIFICATION	19a. DATE OF OF 21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 22a. I certify t	AUSE WAS ON CAUSE OF CHARLE OF CHARL	19b. COI 21 A 19c HOUR HOUR 21e PLA STREET. H	NDITION FOR WHICH OPERATION A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR A.M. MONTH DAY YEAR A.M. TORNING (AT HOME, PACTOR), FARM, ETC.) OTHER COMMENTAL COM	HOW INJURY OCCURRE Ingested LOCATION STREET LOCATION S	CITY OR TOWN Nanjemoy, Charle In Inquiry, and in Undetermined manner,	YES Q COUNTY COUNTY Thy apinian DATE SIGNED 4-27-8
	73a BU	19a. DATE OF OR 21a. EXTERNAL (UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 22a. I certily t death resulted ACTUAL EXAMINER'S NA (TYPE OR PRINT) RIAL CREMATIC	AUSE WAS OR O	19b. COI 21lA THE HOUR 21le PLA STREET. H	NDITION FOR WHICH OPERATION AM. MONTH DAY YEAR AM. MONTH DAY YEAR 19 03 CE OF INJURY (AT HOME, FACTORY, FARM, ETC.) OTHE Accident , Suicide 23c. NAME OF CEMETER	HOW INJURY OCCURRE Ingested LOCATION STREET LOCATION S	Nanjemoy, Charle In . Inquiry . and in Undetermined manner TMEDICAL EXAMINER	YES (X) COUNTY S Co. Md. my apinian DATE 4-27-8 Md. 21201
	23a BU	19a. DATE OF OR 21a. EXTERNAL C UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK 22a. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	AUSE WAS AUSE OF CAUSE OF CAU	19b. COI 21lA THE HOUR 21le PLA STREET. H	NDITION FOR WHICH OPERATION AM. MONTH DAY YEAR AM. MONTH DAY YEAR 19 03 CE OF INJURY (AT HOME, FACTORY, FARM, ETC.) OTHE Accident , Suicide 23c. NAME OF CEMETER	HOW INJURY OCCURRE Ingested LOCATION STREET LOCATION S	Nanjemoy, Charle In . Inquiry . and in Undetermined manner TMEDICAL EXAMINER	YES Q COUNTY COUNTY Thy apinian DATE SIGNED 4-27-8

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FOR

- STATE

1. DECEASED NAME

REGISTRAR

(1	YPE OR PRINT) Eva	Margaret	Hayden	April 28,	1983	3;00
1.5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST DIRT		IF UNDER 24 HE
L	Female	White	September 20,1911		YRS.	HOURS MI
170.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
1	Maryland	U.S.A.	WIDOWED DIVORCED		Charles	
100	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION	WORKING LIFE) INDUSTRY	OF BUSINESS
	a Plata, Md	Physicians Memo	rial Hospital	Optician	Reta	il Sal
130	a. STATE 113. COL	or other institution, give residence before inty 13c CITY OR TOW Arles La Pla	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP: 206	
1	FATHER'S NAME FIRST Charles	M. Shughru	15. MOTHER'S MAIDEN NA Lola FIRST	ME Helen	Birď	ST
160	. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU		ADDRE	3	0646
	(YES, NO OR UNKNOWN) (IF YES, G	578-26-1	6469 Alfred Mude	d(Attorney) La Plat	
F	18 CAUSE OF DEATH (Enter of	only one cause per line of (a), (b), and				ONSET AND DEA
1	PART I. DEATH WAS CAUS	ATE CAUSE (o)	inday tarky	^.	2	
	49/00	DUE TO, OR AS A CONSEQUE	ENGROE TO A	24	Λ.	
1	Conditions, if any, which	DUE TO, OR AS A CONSEGUE	Me atheritano	Kulmonan	lese ine	
	gove rise to immediate	(0)	4.000	0 201 016		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	1		
	PAR 2 OTHER SIGNIEICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONC	TION GIVEN IN PART 1	0
Z		bound carano m	SEATT OF THE PERMIT	THE DISEASE ON COISE	ALION ON ELVIEVE ART TO	
CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDS	
1 5				YES NOT	IN CERTIFYING CAUSES	S OF DEATH?
7 2	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCUR			
40	OR CONTROLLED DE CALIFE OF D	EATH	AY YEAR			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	211, LOCATION	-11 (-11	3.00004	
AF		(AT HOME, STREET, FACTORY, OFFICE, F		cry de ray	en countr	STATE
	AT WORK AT WORK		1124 02	" and	14 65	4 4
	220.1 certify that (I) (this has	oitol attended the deceased from_	and that in (my) (our) opinion	71	to and hour and from the	that (I) (we)
	/above [li [we] (did) (tid a	of) rew the body after death.	V	dedin occurred an initial		-
	234 SHENN FORE	W. A.	DEGREE ATTENDING	MEDICAL STAF		SIGNED
	Mano m	" hand End"	PHYSICIAN (DIRECTOR PHYSIC		18/8
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		11	
	Anturo Mo	nteiro M.D	La Plata Md	20646		
230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
1.0	(SPECIFY)			CITY OR TOWN	Charles M	STAT
24	Burial FUNERAL DIRECTOR	5-2-83 Ho	oly Ghost Ch. Ce	ISSUE E REC'D. BY REGISTRAR	Charles M	aryla
	NAME	ADDRESS		Y 2 1983	To Can 2 Ca	heel
F	Arehart Funer	al Home, Inc. I	La Plata, Md.	11 4 1200		7,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

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20. DATE OF DEATH MONTH

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STENDING PHYSICIAN. The low requires that the death certiticate he executed within 24 hours after death.	pital or attending physical	CTOR. After this certificate has been ugged by the attending physician and completely filled in by the further for use on the build fronts between Their bloods remove corbon papers. Places I and 2 should be filled within 72	

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NTAL HYGIENE 8

FOR STATE REGISTRAR			DEPART		HEALTH AND MEN		IENE 8 3	0 5	6 5
DECEASED NAME	FIRST		MIDDLE		LAST		26. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPE OR PRINT)	Denal	d	E.	Le	Crone		April 4, 1983		11:55p N
3. SEX		4 RACE			OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
Male		Cauc.		3	23 DAY 06	YEAR	77 YRS	MONTHS DAYS	HOURS MIN.
Oklahoma	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARK		9 BALTIMORE CITY OR COUN		
O. CITY OR TOWN O	F DEATH	11. NAME OF	HOSPITAL, NURSII CH FACILITY, GIVE STREET Lans Memo	NG HOME (OR OTHER INSTITUT		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETITED		OF BUSINESS OR
SUAL RESIDENCE (1	13b. COU Char	NTY	13c. CITY OR TOV Bryans	WN	13d. INSIDE CITY L YES 🛣 NO		Rt. 2 Box 120	F 20616	
4 FATHER'S NAME FIRST	Unk.	MIDDLE	LAST		15 MOTHER'S MA		Unk.		AST
(YES, NO OR UNKNOW		RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECT		Don W.	LeCro	ne 12205 Hazel	tallon,	Md. ircle
gave rise to cause (a), underlying (stating the cause last	(c)_	OR AS A CONSEOU		NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 1	{a
79	rsena				DN WAS PERFORME		20a AUTOPSY? 20b. IF	YES, WERE FIND TIFYING CAUSE YES []	INGS USED
	AS UNDERLYING [CAUSE OF DE	MIN.	DEINJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIF 21d. INJURY OC HILE WORK	CCURRED		OF INJURY REET FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
saw the de	eceased alive a	7.776		8 · 3		9.74) opinian c	, ta 4 · 4 deoth accurred an the date and h	aur and fram the	that (I) (we) last
22b. SIGNATUR	leam /	Tent &	Turit	1	PHYS	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	83
William		rst, M.]	0.		9401 In	dian	Head Highway O:	xon Hill	, M.
23a BURIAL, CREMAT (SPECIFY)	ion, removal	23b. DATE		NAME OF C	EMETERY OR CREM	MATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 4/8/83 Trinity Memori 4/8/8 Trinity Memori 4/8/

250. DATE RECTO. BY REGISTRARY STREGISTRARY SIGNATURE
APR 1 1 1983

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	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 3	10,	0 5	6 6
		CEASED NAME FIRST ORPRINT)	P	ORENCE	A	rsey	20. DATE OF DEATH	MONTH D	YEAR YEAR	26. HOUR 16:50 AM
	3. SE)		4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BI	M	ONTHS DAYS	IF UNDER 24 HRS
1	70/BI	FEMALE RTHPLACE (STATE OR FOREIGN COUNTRY)	WHIT 76. CITIZEN OF W		Jan 8. MARRIE	26,1894 D NEVER MARRIED	9. BALTIMORE CITY	YRS.	OF DEATH	
4	North Dakota U. S. of A. WIDOWED (11. NAME OF HOSPITAL, NURSING HOME OR ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			DIVORCED	Charles 120. USUAL OCCUPAT (TYPE OF WORK FOR MOST)	ION	126. KIND O	MD.		
75		Plata AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, G		ADMISSION)	ng Home 134 INSIDE CITY LIMITS?	Home Make	er	At H	ome
9		THER'S NAME FIRST	WIDDIE	Nan jemo		YES NOXX	WIDDLE		LAS	
1		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	d Walt 66. SOCIAL SECU 215-44-	RITY NO.	Mary 17. INFORMANT Calvert Po	ADDR	V.C.	1 Box	662
		4140	nly one couse per li ED BY: TE CAUSE (0) DUE TO, OR	AS A CONSTRUCT	ENCE OF	that A	alue.	(O.). (APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
		Conditions," if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(c)	AS A CONSEQUE		and the	w y			
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	man	Ave	house	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
1	EDICAL CERTI	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	ATH HOUR A.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	YES		NO [
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF	F INJURY T. FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (1) (this hasp saw the deceased alive of phove, (1) (we) (did) (did no 274. SIGNATURE	m	4 10	0	nd that in (my) (our) opinion	deoth occurred on the c	dote and hour		
	78	THE PHYSICIAN'S NAME (THE	multan				MEDICAL STA	CIAN [4	114/8
		Arturo M.	Monteir	o. M.D.		La Plata,	Maryland	2064	16	

DHMH - 16 50M 4/82

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BP. Bu

24. FUNERAL DIRECTOR
NAME
Arehart E Funeral

23b. DATE

Plata, 23c. NAME OF CEMETERY OR CREMATORY Baptist

23d LOCATION CITY OF TOWN Naniemo emoy

Charles

STATE

25a. DATE REC'D. APR 2 Home, Inc., La Plata

BY REGISTRAR 256_REGISTRAR'S SIGNATURE

The state of the s Total Carlotte and Advantage a at the street product of the product of the street remark Funcial Fount, no., Se alaba, M. Arrillon and Lemente

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

of.	FOR STATE REGISTRAR		DEPA	RTMEN
	1. DECEASED NAME	FIRST	WIOOFE	

STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE EDTIELCATE OF DEATH

8	3	i	0	5	6	
	REG. NO.				17	

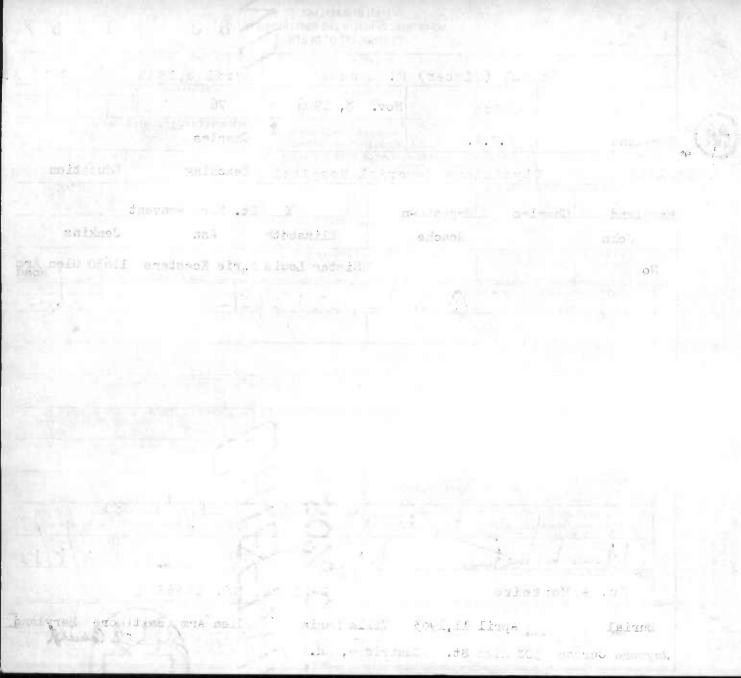
	REGISTRAR				CERTII	FICATE OF DEATH		REG.	NO.			
	CEASED NAME	FIRST		WIGOTE		LAST	20.	DATE OF DEATH		DAY YEAR	26 HOU	IR
(TYPE	E OR PRINT)	Mich	nael (Sister)	M. R	Roache		April 8	,1983		8:2	20 AA
3. SE	x		4. RACE			OF BIRTH		AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR		
-	female		whit	e	Nov.	8, DA 1906 EAR	R	76	YRS.	MONTHS DAVS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	\ IAI	BALTIMORE CITY	OR COUNTY	OF DEATH		
-	ryland		U.S.		WIDOW	ED DIVORCED		Charles				MD.
33	ata	ATH	hysic	HOSPITAL, NURSIN CH FACILITY, GIVE STREET ians Men	ADDRESS)	or other institution al Hospita	a1 126	USUAL OCCUPA Teaching	ATION STOFWORKING LIF	12b. KIND	of Busine	SS OR
13a. S	AL RESIDENCE (# NURS	13b COUN	ITY	13c. CITY OR TOW	'N	136. INSIDE CITY LIMIT		t. M.rv	conven		206	017
	ryland ATHER'S NAME	Char	les	IBryantow	n	15. MOTHER'S MAIDEN		L. Mary	Onven	<u> </u>		
	John		MICOLE	Roache		Elizabe	e th	Ann		Jenki	ns	
16a V	WAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADI	DRESS		~~	
1	NAS DECEASED EVER NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)			Sister Low	uis M	arie Koe	sters	11630	Glen	Road
	18. CAUSE OF DEAT	H (Enter on	ly one couse pe	er line for (o), (be, one	d (c)	. 1:	-	L			XIMATE NTER	
	PART I. DEATH W	VAS CAUSE	Ď BY: E CAUSE (0)	aut.	Un	1 h Combal	Life	J		7777	4 61	5 .
	4100	DAMEDIA				10	1	1		1	1	
	Constitution of	11.1	DUE TO, C	DR AS A CONSEQUE	ENCE OF							
	Conditions, if ony gove rise to im-	mediote	(b)_				V					
	couse (o), statis		DUE TO, C	DR AS A CONSEQUE	ENCE OF					1000		
	anderlying coust	. 1031.	((c)									
7	PART 2 OTHER SIG	NIFICANT	ONDITIONS	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE	TERMINA	L DISEASE OR CO	ONDITION GIV	EN IN PART 1	10.	
TION			T					an ALLEGRANA	Tool or ve	C MARKET FILM		
CERTIFICAT	19a DATE OF OPERA	TION	196. CONE	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED		20a AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE	S OF DEAT	LH5 D
E								YES NO		S 🗌	NO [
	210. ACCIDENT WAS UN		110110	OF INJURY L.M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF IT	NJURY IN ITEM 18 F	PART 1 OR PART 2)		
S	(IF EITHER, NOTIFY MED			P.M.	19			1.1				199
MEDICAL	21d. INJURY OCCUR			OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OF	RIOWN	COUNTY	S	STATE
	AT WORK AT WO	ORK L							1			
	22a.l certify that (I)			deteosed from	7	19	15	, to	20		, that (I) (v	
	obove (ii (we) i	ed alive on did i did no	View the god	v after death	, 0	nd that in (my) (our) op	pinion deol	th occurred an 1	date and hou	r and from the	e couses sto	oled
0.0	224 SIGNATURE	1			1	DEGREE		/		22c DAT	ESIGNED	1
	1 Litur	oh.	moto		IL	ATTENDIN PHYSICIA		REDICAL S IRECTOR PHY	TAFF SICIAN []	1	1/8/	Y3
9	220 PHYSICIAN'S N	AME (TYPE O	RPRINT)			22e ADDRESS					1-1	-
	Dr. A	Mont	eiro			LaP1a	ata,	Md. 20	646			
23a. l	BURIAL, CREMATION,	REMOVAL	23b. DATE	23t. N	VAME OF	CEMETERY OR CREMATO	ORY	23d LOCATION				
	Burial		April	11,1983	Vi	lla Maria		Glen Ari	Balt	imore	Mary	land
24. F	UNERAL DIRECTOR					1250	a DAIE RE			RAPSSCAL	well	
Ra	ymond Curi	an 3	08 High	St. ADDRESCE	ambri	dge, Md.	APR 2	2 1983	of the	0		
	V		0									

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

and completely fille

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical



	STATE OF
FOR	DEPARTMENT OF HEALT
STATE REGISTRAR	CERTIFICA

I. DECEASED NAME

WAS DECEASED EVER IN U.S. ARMED FORCES?

TO BIRTHPLACE (STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

4. FATHER'S NAME

(YES, NO OR UNKNOWN)

23a. BURIAL, CREMATION, REMOVAL

(TYPE OR PRINT)

3. SEX

CERTIFICATION

MEDICAL

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	
CERTIFICATE OF DEATH		

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. N	o.	0 0
EASED NAME FIRST	WIDDIE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
OR PRINT)	Connida	Swann	April	6 1983	9:54 Pm
	Gonzie 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		
Male	Negro	Sept. 1. 1912	70	YRS.	S HOURS MIN.
THPLACE (STATE OR FOREIGN) OUNTRY) HRV/HA)D	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles	OR COUNTY OF DEATH	MD.
Y OR TOWN OF DEATH 4 PIATH L RESIDENCE (IF NURSING HOME OR C	PHYSICIAN ME	morial Hospital	TYPE OF WORK FOR MOST C		OF BUSINESS OR
aruland Cha		I 13d. INSIDE CITY LIMITS? YES NO 2	130 STREET ADDRESS	Delivery 2	0611
HER'S NAME FIRST	AIDQLE SINO	15. MOTHER'S MAIDEN NA	WIDDIE	Pro	AST CAST
AS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECU	ORT VARO Val	Rel. H	Han M	1
NO 1	- N17-12-1	dice	3 Delli	APPR	OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DEATH WAS CAUSED		ing Oxyent		OCT WE	IN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	ery Heart D	isease		
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
9a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	TH HOUR A.M. MONTH D.	AY YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
22a.1 certify that (I) (this hospit saw the deceased alive an above, (I) (wa) (did) (did not	tal) ottended the deceosed from	\$3, and that in (my) (our) opinion	death occurred on the d	ote and hour and from t	, that (I) (we) last he causes stated
226. SIGNATURE LON	oll	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	TE SIGNED
22d PHYSICIAN'S NAME (TYPE OF GIRIJA S.	Rath, M.D.	220 ADDRESS Charles Pr			Md. 2064
JRIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		

tely 2 sh complet oup nted Pages pua physici aval. 0 ò offe other troum þ iol, ped ö d P n sign 0 certificate has been ā burial-transit per Mental Hygiene marked or Hem 18 shows phys should be detached for use as the with the State Dept. of Health and IMPORTANT. If them 21 is marked a After ATTENDING FUNERAL DIRECTOR: hospital 0 BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

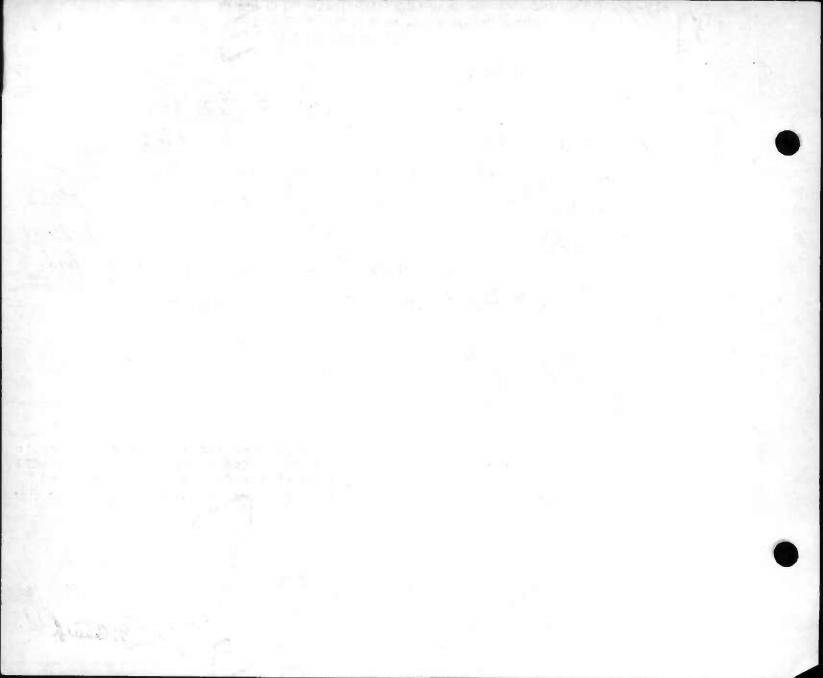
24 FUNERAL DIRECTOR

1 0 . 4

250, DATE REC'D. BY REGISTRARY REGISTRAR'S SIGNATURE

21/A.O. Market States I will Alexander Algert Calabara Maria THE STATE STATE SHOW SHOW AND THE STATE OF THE

(1)	2.	.b=228 G702 a		AND STATE DEPARTMENT OF		
1 6			DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BAL		3 5 6 9
				CERTIFICATE OF DEATH		
٠. ٧٤.	1. DE	CEASED-NAME First		Lost	20. DATE OF DEATH	2b. HOUR
death. nerol ond 2 deoth.	{T	pe or print) MARY	BERNICE	SWANN	Month 4 Doy	3 Yeor 83 11:07pm
er deat funerol l ond er deot	3. SE.	(4. RACE	5. DATE DF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
hours after death		T	Black	Nov. 15	1913 lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
S AND	70. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
· " 是	coun	Maryland	U.S.A.	WIDOWED DIVORCED	Charles	Md
2 May 2	10.,0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL C	R INSTITUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
E To the second	1	a Plata.	give street oddress).	ons Memorial Hospi	most of working life, even if retired.)	INDUSTRY
ted carb		USUAL RESIDENCE (Where deceo	sed lived, if institution, Residence be	fore 13c CITY OR TOWN 13d INSIDE CITY	Y LIMITS? 13e. STREET AND NUMBER	20100
ATTENDING PHYSICIAN: The law requires that the death certificate be executed with etained by the hospital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remaye carbon with the State Dept. af Health priar to burial, cremation, or removal, and in any event.	odmi	Sion Word and	186 COUNTY -185	Marbury YES	NOX BOX 257	20658
ema any	14. F	ATHER'S NAME , First	Middle Lo	st 15. MOTHER'S MAIDEN NAME	First Middle	Lost
on on E		HENR	V FRA	NCH alice		jolson
and day	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT	/ Address	111
equires that the death certificate the physician. Signed by the ottending physician burial-transit permit. Then please burial, cremation, or removal, and	(Y	es, no prynknown) (If yes give	war or dates of service) 217-30	0-6797 OLLIE SUX	ann Marbu	ry Ma.
nov		18 CAUSE OF DEATH (Enter o	nly one couse per lipe for (a). (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
# di di		PART I. DEATH WAS CAUS	nly one couse per libe for (a), (b), an ED BY IATE CAUSE (a)	y arrest 2 to pepe	ration of lead	
dec tren r, ol		7 500 IMMED	DUE TO, OR AS A CONSEQUENCE			
of the of the or		Conditions, if ony, which gove				
not n. y th unsi		rise to immediate couse (a),	DUE TO OR AC A CONCEOUENCE			
equires that th physician. signed by the burial-transit p		stoting the underlying couse lost.	10 direction		rais + partial ble	down
luire hys igne urio urio		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	UT NDT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	7
req ng p n si n si to b	2					
ndir s the	I OI	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION W	AS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
DING PHYSICIAN: The law requires the by the hospital or ottending physician. After this certificate hos been signed by be detached for use os the burial-traistate Dept. af Health priar to buriol, cre	CERTIFICATION			YES NO	CAUSES OF DEATH?	
Ser Ser T		21a. ACCIDENT WAS UNDERLYS		21c. HOW INJURY OCCURRED (Er	nter noture of injury in Port 1 or Port 2 Sensation; was af	Item 181
L Haring	MEDICAL	DR CONTRIBUTING CAUSE DF D (If either, notify medical exami		on about to go to	bed & was askin	ter dinner,
YSI osp cert cert cert	MEC	214 MILLIDY OCCUPRED 21.	e. PLACE OF INJURY (AT HOME, FARM, STRI	ET, FACTORY, 21f. NOCATION Street of PFD		
PH he he his efactor		While Not while X	Home torrice Boilding, Eld			arles Co. Md.
by the hospital or fer this certificate be detached for ustate Dept. af Heal	П	22o. I certify that (I)	his/hospital) attended, the dec	eased from 4/519	83 ta 4/3, 19	
Af b d b d b d b d b d b d b d b d b d b		sow the decensed	plive on 4/3	19	pinion deoth occurred on the de	ote ond haur ond from the
OSR Ooine			ve, (I) (we) (did) (did not) view	the body ofter deoth. Natura		DATE SIGNED
OR ATTENE be retoined DIRECTOR: A le 3 should ed with the	П	22b. SIGNATURE	4	ATTENDING DEGREE PHYS	MED. STAFF PHYS. 4	Tal13
be ra be ra be ra be ra be ra biled w	-	204 DUVCICIAN'S	arangy 1	22e. ADDRESS	DIRECTOR - PHIS.	17100
May May		22d. PHYSICIAN'S/ NAME (Type)	ARIO FER	111111111111111111111111111111111111111	30x50 Indian H	end. 940. 206x
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the Ashould be filed with the State Dept. af Health priar to	230.	BURIAL, CREMATION, 23b	. DATE 23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Pog Pog	1	REMOVAL (Specify)	PRIL 7, 1983 PLE	ASANT GROVE DAR. C	# Marbyrg CL	raples, and.
VR A15 (4)	1	FUNERAL DIRECTOR	O ADI		B BY RECUENTS	C. CORRECTOR
25m-1/70	11	pornton's Fune	val Home rom	onkey Ma Arien	2000	
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18 CAUSE OF DEATH Interest only one course per libation of the state of the sta	1.	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	0	REG. NO.	1 (1 3	, 0
Hobart FISWOrth Thomas Male White				MIDDLE		LAST	2a. DATE OF DE	HTHOM HTA	DAY	YEAR	2h HOUR
S. EAR S. DATE OF BRTH. S. DATE OF DRETH DATE DA	1		art	Flsworth	The	omac	Apr	il 3.	1983		7.03
Maile Maile	3. SE				5. DATE	OF BIRTH			IF UN	NDER 1 YEAR	
West Virginia U.S.A. WOOWED DOORED INVERTABRED INVESTMENT OF BUSINESS OR WOOWED DOORED INVESTMENT OF BUSINESS OR WOOWED DOOR OF BUSINESS OR WOOWED DOORS OF BUSINESS OR WOOWED DOOR OF BUSINESS OR WOOWED DOORS OF BUSINESS OR WOOWED DOORS OF BUSINESS OR WOOWED DOOR OF BUSINESS OR WOO BUSINESS OR WOO BUSINESS OR WOOD DOOR OF BUSINESS OR WOO BUSINESS OR WOOD DOOR OF BUSINESS OR WOOD D	N	1ale	Whit	е			85	Y	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DAYS	HOURS MIN.
WOODED DOORCED DOORCED TO WORKER OF THE NAME OF COMPANY OF THE NAME OF			76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE	CITY OR COL	JNTY OF	DEATH	
18 CHUNG OF DEATH 11. NAME OF HOSPITIAL NURSHING HOME OR OTHER HISTITUTION 12. STATE 12. STATE 13. STATE			U.	S.A.		-		(Charl	es	M
A Plata Physicians Memorial Hosptial Sales Clerk Dept. Store	10. C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION		CUPATION	1	2b. KIND O	F BUSINESS OR
TO THOMAS STATE S	La	Plata.				Hosptial					Store
Md. Charles Waldorf VES NOTE 3002 Gallery Place IN FATHER'S NAME MARKETINA MODIE (AS) Thomas Is Mother's Maiden Name Fast Plant Residence Res	USU 130.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		111 INSIDE CITY HALTS?	1124 STREET ADI	pess Zi			
I. FATHER'S NAME										ace	
Martina P. Thomas Isabelle Katherine Rosier 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 232-05-049 John E. Morgan La Plata, Md. 20646 187 Morgan La Plata, Md. 20646 187 Morgan La Plata, Md. 20646 188 Morgan La Plata, Md. 20646 189 PART I. DEATH HERTER ORLY ONE CAUSE DEVICE OF La Plata, Md. 20646 189 Morgan La Plata, Md. 20646 180 Morgan La Plata, Md	14. F/						ME				
16 (15) NO OF UNION (16 YES, OHE WARD FORCES? (16) SOCIAL SECURITY NO. 232-05-0494 John E. Nephew John E. No OF UNION (16) YES, OHE WARD REARIES (16) AND E. No OF UNION (16) YES, OHE WARD REARIES (16) AND E. No OF UNION (16) YES, OHE WARD REARIES (16) AND E. No OF UNION (16) YES, OHE WARD REARIES (16) AND E. No OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) AND E. NO OF UNION (16) YES, OHE WARD REARIES (16) YES, O			WIDDLE			111131			osie		Л
18 CAUSE OF DEATH IERTER ONly one cause per Jiga for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. Columbia Couse (a), stating the underlying cause lost. Columbia Couse (b), stating the underlying cause of path (b), stating the underlying the underlying the underlying the u		WAS DECEASED EVER IN U.S.			RITY NO.	17 INFORMANT					k Road
The Cause of Death Lenter only one couse per Jipa for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR ASPA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR ASPA CONSEQUENCE OF DUE TO, OR ASPA CONSEQUENCE DUE TO, OR ASPA CONSEQUEN	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	232-05-	-0494	John E. Men	new) organ				
(SPECIFY) CITY OR TOWN COUNTY STATE	MEDICAL	PART I. DEATH WAS CAU MMED Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 24 May 21a 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FE HIFR NOTHER N	SEÓ BY: IATE CAUSE (a) DUE TO, O (b) DUE TO, O (c) T CONDITIONS C T CONDITIONS C 19b COND T CONDITIONS C 21b. TIME A HOUR A HOUR A SER) 21e. PLACE (AT HOME, ST on ot) view the body	R ASTA CONSEQUE R ASTA CONSEQUE R ASTA CONSEQUE ITION FOR WHICH ITION	ENCE OF ENCE OF OPERATIO OPERATIO ARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS PORT TOBACCO	200 AUTOPS YES N RED (ENTER NATURE) death occurred of DIRECTOR N	Y? 20b I IN CI	FYES, WE ERRIFYING YES THE MISS PART IN THE PART IN TH	A PART 110 REFERENCE FINDING CAUSES ORPART 2) COUNTY	NGS USED OF DEATH? NO STATE that (1) (we) last causes stoted
0 11 1 5 00 0 10 11 11 11 11 11 11 11 11 11 11 1		(SPECIFY)			AME OF C	EMETERY OR CREMATORY			co	UNIY	STATE

BP DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove cowith the State Dept, of Health and Mental Hygiene prior to burial, cremation,

ATTENDING PHYSICIAN: The

TO HOSPITAL OR

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

njury, or other troumotic event,

Arehart Funeral Home, Inc. La Plata. Md

4-5-83

Cremation

24. FUNERAL DIRECTOR

Crematory Suitland P.G. M

[250. Date REC'D. BY REGISTRAR] 25b. REGISTRAR'S SIGNATURE APR 8

234 LOCATION
CITY OF TOWN
Suitl

and

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10. Aged A Committee of the Part of the Second of the Land teleco moto discontinuation of the control of Crossition 4-2-03 (Crossition of the Control of the

I and 2 shapid be fil and completely filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physicion injury, or other troumotic event, the

MPORTANT: If them 21 is morked or them 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J	1	0	3	

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME OR PRINT)	FIRST		NIDDLE		AST	2a. DATE OF D		DAY YEAR	26. HOUR p.
(IIIPE		ames	D.		Well	S	April	24. 1983	3	10:51 M
3. SEX			4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEAR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Male		Black		OCT		61	YR		MIN.
	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE	CITY OR COUN		
	rvland		USA		MARRIE		Charl	es		MD.
10. CI	TY OR TOWN OF DEA	ATH			IG HOME O	OR OTHER INSTITUTION	12a. USUAL OC	CUPATION OR MOST OF WORKING		F BUSINESS OR
1	La Plata			Lans Memo		Hospital	Truck			e Employe
	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,		E ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET AD			
	ryland		arles	Mt. Vic			136. STREET AD	DRESS	20	0661
14. FA	THER'S NAME		WDOLE	LAST		15. MOTHER'S MAIDEN NA		AIDDLE	LAS	
Ja	mes		D.		lls	Annie	,	AIDDLE		homas
	VAS DECEASED EVER			THE SOCIAL SECU	RITY NO.	IJ INFORMANT		ADDRESS		
No	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-22-0	0392	Mary D. Well	a Mt. V	ictoria	Md. 2066	51
CERTIFICATION	19a. DATE OF OPERA	, which nediote ig the lost.	DUE TO, OF	A CONSEQUE OF A CONSEQUE ON TRIBUTING TO		NOT RELATED TO THE TERM	20a AUTOPS	20b. IF IN CEF	GIVEN IN PART 10 YES, WERE FINDII RTIFYING CAUSES YES	NGS USED
MEDICAL CE	210. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 270. 1 certify that (1) SOW 10 deceos obsylic (27) 270. 1 certify that (1) 270. 1 certify that (CAUSE OF DE- CAL EXAMINER RED HILE RX (this hospi ed alive on did (tid no	21e. PLACE (AT MOME, STR	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F deceased from	19 FARM, ETC)	21f. LOCATION STREET 21f. LOCATION STREET 19 10 ATTENDING PHYSICIAN 22e. ADDRESS		on the date and	COUNTY	that (I) (we) lost couses stated
1							11 200	10	A CONTRACTOR	
730 5	George W			72. 1	NAME OF C	La Plata, M	206-			
Bu	rial	KEMOVAL	4_28_8			Un, Church	Newb		Charles	Md.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR Thornton Funeral Home

AD Pomonkey, Md.

ShilohUn, Church

APR 2 7 1983

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DHMH - 17 (VR A15 ME 20M 4/82

						AARYLAND					
1-9	FOR STATE REGISTRAR		MED	EPARTMENT OF H ICAL EXAMINE				0 0	1 0 NO.	5	7 2
DEC	CEASED NAME	AKA Dak	lv Ric	hard		Wirt		20. DATE KNOWN OF ESTI-	MONTH	DAY Y	EAR 26 HOU
		Okie		hard	1	Wirt		DEATH MATED	0 4	4 19 8	83
1. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR		DER 1 YR. IF UND	ER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY	YEAR 24 HON
Ma	ale	Cau.	April 10	, 17 65RS		DATS HOOKS	Mills.	DEAD	4	4 19 8	33
7a. BIR	RTHPLACE (ST	ATE OR	76. CITIZEN OF WHA	T COUNTRY?	MARR	IED 🗷 NEVER MAI	RRIED 🔲	9. BALTIMORE CIT	Y OR COUNT	Y OF DEAT	Н
	st Vir		U.S.A		WIDOW			Charles			M
III ÇIT	TY OR TOWN	OF DEATH		TAL, NURSING HOME,	OR OTH	IER INSTITUTION		MOST OF WORKING LIFE)	TYPE OF WORK	12b. KIND O OR IND	F BUSINESS SUSTRY
	a Plata		Physici	ans Memoria	I H	ospital		ansit Op	erato	r Tra	napor.
130 ST	rate 206	6 136 COUNT	TOTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN Bryans Ro	ad	13d. INSIDE CITY LIMITS		REET ADDRESS	Bryans	s Rd.	12
	THER'S NAME					15. MOTHER'S MA				016	6/6
1	Henry	Richard	Russell	Wirt		Flore	nce	Roda	Ha	amlin	
16a. W		EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO.	17. INFORMANT		P. UAPER	X 24	3	
112	Yes	(IF YES, GIVE V		228-09-52	73	Doris L	. Wir	et Accoke	eek, M	Md. 2	0607
	18. CAUSE O	F DEATH (Enter anly	ane cause per line fo	or (a), (b), and (c),)		1				APPROX	MATE INTERVAL
NO	gave ris cause (a) lying cau		(c)	S A CONSEQUENCE OF		E OR CONDITION GIVEN IN	PART 1 (a)		5 TA		
CERTIFICATION	190. DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OPERA	TION W	AS PERFORMED?				20 AUTO	PSY?
E									TG	YES	O NO D
A I	UNDERLYING CONTRIBUTION	NG CAUSE OF D	EATH P.M.	MONTH DAY YEAR			RED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PAR	R1 2)	
MEDIC	21d. INJURY C	NOT WHILE D		INJURY (AT HOME, RY, FARM, ETC.)		CATION		CITY OR TOWN	COL	YTML	STATE
	death resulted from Netural Course X Account Suissde , Homicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SENATURE M. Deputy Chiefmedical examiner									D 4/5	
_	EXAMINER'S (TYPE OR PRI	11/		Smith, M.D.		ADDRESS		Penn St.	Balto	., MD	•
23a.BL (SF	PECIFY)	TION, REMOVAL 23		23c. NAME OF CEM			CITY	OCATION OR TOWN	COUN	VIY	STATE
74 E11	JNERAL DIREC	ial	4-7-83	Irinity	Men	. Garde	ns Wa	alderf,	Charl	es, M	g.
			ADDRESS	ldorf, Ma		APR	1 1 1	y registrar 1256 re	CISTRATISS	CHAIUR	*
H	ו זזחט	nueral	nome, wa	TOOLL' WE	3 T. A.	raile With	7 -				

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minus Fareer D come, lainer, he pain